

Mental Health Services
Of Catawba County
Draft Local Business Plan

April 1, 2003

Section III. Governance, Management and
Administration

Contact Person:

John M. Hardy, Area Director
3050 11th Ave. Dr. SE
Hickory, NC 28602
Phone – 828- 695-5900

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov
Submission Date	04/01/03

Item: II. Governance, Management and Administration 1

Goal: The local business plan conforms to a governance structure as described in NC General Statute 122-C as amended.

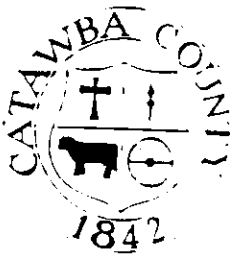
Effective Date: 04/03

Steps Taken	Steps Planned	Barriers
<p>The Catawba County Commissioners designated Mental Health Services of Catawba County to be the LME as a single county area authority. (Attachment A)</p> <p>Resolution of the Area Board on January 30, 2003 to move to Phase III (Attachment B)</p> <p>County Commissioner approval of change to Phase III from Phase II</p> <p>The Area Board composition has been reviewed in light of new legislative mandates.</p>		

Area Board has communicated to County Commissioners the newly required composition and requested appointment of members to meet the legislative mandate. (Attachment C)	County Commissioners will appoint appropriate members of the board.	Legislative board composition requirements may make consumer membership feel overwhelmed with complexity of issues addressed by the governing body.
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<p>Reviewers Comments:</p>

Attachment A - Letter of Intent
Attachment B - Board Resolution
Attachment C – Board Composition



CATAWBA COUNTY

P.O. Box 389 • 100-A South West Boulevard • Newton, North Carolina 28658-0389 • Telephone (828) 465-8200
http://www.co.catawba.nc.us FAX (828) 465-8392

I. Planning 3. Attachment E-Letter of intent
concerning governance

September 24, 2002

Secretary Carmen Hooker Odom
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Hooker Odom:

This letter is the declaration of governance for the operation of mental health, developmental disabilities, and substance abuse services in Catawba County. In accordance with the requirements set forth in the Mental Health Reform legislation and the State Plan, the Board of Commissioners of Catawba County at its meeting on September 16, 2002, formally and unanimously adopted the following positions:

1. Catawba County will use the single county Area Authority model for the governance of its mental health related services. Although Catawba County does not meet the strict population thresholds outlined in the Bill, the Board of Commissioners feels very strongly that the single county program as operated in Catawba County is extremely responsive to citizen and client needs. The fact that Mental Health operates as a single county authority under the state statute means that it is considered a department of the County for budget and audit purposes. Its budget is fully detailed as a part of the County budget as opposed to being a line item as is the case in so many multi-county programs. The Mental Health program in Catawba County has high visibility in the community and with the Board of Commissioners and County Administration. We believe this visibility would be weakened if we were a part of a multi-county effort.

We made the decision to continue to operate as an authority instead of a county program for several reasons. First, as mentioned earlier, Mental Health in Catawba County operates like a County department, thanks to the excellent working relationship between the Area Mental Health Board and the Board of Commissioners and all of the staff. Mental Health draws upon the County's Technology Department, uses the County's financial, payroll, and personnel systems and follows the County's pay, classification, personnel and benefit plans. Second, we fundamentally disagree with the provision in the state law under the County program model which requires that an advisory board appointed by the Board of Commissioners report to the County Manager. We think this is a flaw in the current legislation and believe it needs to be changed. Any citizen board appointed by the Board of Commissioners should report directly to the Board of Commissioners and not to county administration.

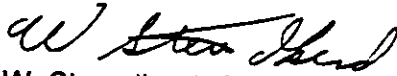
2. Catawba County's Area Authority will plan for the implementation of Mental Health Reform in Phase II, starting in January of 2004. We continue to be very concerned and disappointed that to this date the State has not been able to produce the necessary financial model and funding information needed to do effective local planning. This makes it difficult to plan with any degree of accuracy. We have already started the steps of involving the community and



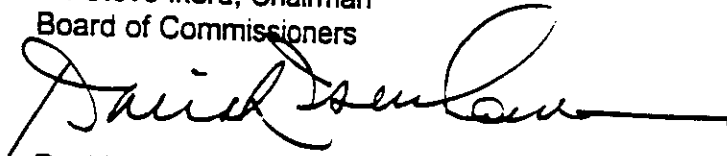
clients as directed by the Mental Health Reform Legislation and will continue to do so, but it becomes increasingly difficult to prepare a business plan without the financial and funding information. Our choice to implement reform in Phase II is an attempt to give the State more time to provide this critical information so that we can do a better job with our local planning.

Our intentions are to assure that the citizens of Catawba County continue to have available to them the necessary services needed to respond to their various conditions of mental illness, developmental disabilities, and substance abuse services. We will implement as much of the State plan as is practical to assure these intentions.

Sincerely,



W. Steve Ikerd, Chairman
Board of Commissioners



David L. Isenhower, Chairman
Area Mental Health Board

pc: Richard Visingardi, Ph.D.
Mail Services Center
Raleigh, NC 27699-3001

Catawba County Board of Commissioners

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Resolution

1/30/03


Whereas: Mental Health Services of Catawba County wishes to ensure client stability throughout Mental Health Reform, and

Whereas: There is a lack of State produced information necessary to do clear, adequate, and comprehensive planning for the Local Business Plan, and

Whereas: The State has given Area Authorities and Counties the option to select the implementation date of its Local Business Plan, and

Whereas: This transition of public mental health, developmental disability, and substance abuse services to a more privately delivered model will require maximum information before such can take place smoothly, therefore

Be it Resolved: That the Board of Mental Health Services of Catawba County seeks to modify the implementation phase of LME Certification from the Phase II schedule of January, 2004, to that of Phase III, beginning in July, 2004. This decision was approved by Board action on January 30, 2003.

Signed  1/30/03
David L. Isenhower, Chairman Date

MENTAL HEALTH SERVICES OF CATAWBA COUNTY
BOARD ROSTER 2003

1 = Family Member
2 = Consumer
3 = Minority Member

Barbara Beatty
David Boone
Steve Sayers
Steve Graff
Martha palmer – 1
Dr. Tom McKean
Dr. Robert Yapundich
Fred Bryson
Susan Anderson – 1
Harold Setzer – 1
Karen Lane – 1
David Isenhower
Crystal Leathers – 1
Charles W. Phillips – 2
John Dayberry – 2
Ray Von Beatty
Lora Holman - 2

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828)695-5900, fax (828)695-4959, johnh@catawbacountync.gov
Submission Date	04/01/03

Item: II. Governance, Management and Administration 2

Goal: The local business plan defines the proposed demographic configuration of the LME.

Effective Date: 10/03

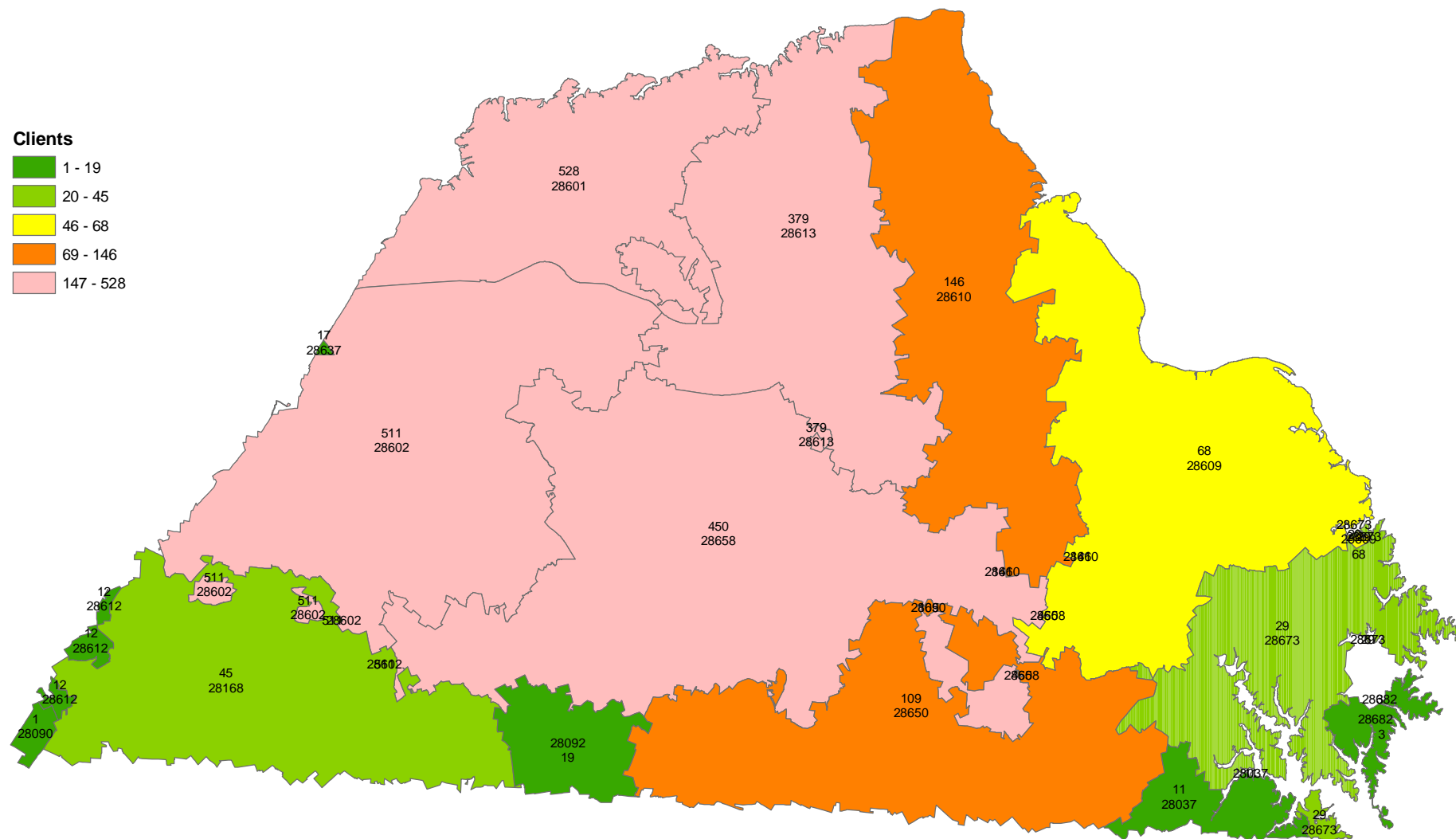
Steps Taken	Steps Planned	Barriers
<p>A county map was developed that notes the location (by zip code) of the current active cases served by Mental Health Services of Catawba County. Some active cases fall outside of county boundaries. Catawba County intends to function as a single county LME. (Attachment D)</p> <p>Sub-committee meeting with representation from area board, county commissioners, county management and area program steering committee to make recommendations on governance model.</p> <p>Decision made by Area Board and County Commissioners to remain a single county area authority and to become an LME with limited service</p>	<p>Continue exploration with surrounding area programs regarding collaboration of LME functions and/or potential for complete or partial merger to obtain economies of scale.</p>	<p>Political concerns based upon different philosophies and investment as evidenced by county funding disparities.</p>

<p>provision. (Attachment A)</p> <p>Meetings with neighboring area programs to discuss possible collaborative efforts around LME functions. By mutual agreement of all parties involved, Mental Health Services of Catawba County will not seek to merge with another area program at the current time. Commitment to ongoing communication among surrounding area programs in order to determine the most efficient use of resources, keeping up with ongoing changes.</p> <p>3/11 – Meeting with David Swann, Crossroads Area Program 4/02 – MHSCC Quality Management Team met with Blue Ridge Management Team 4/10 Meeting with Rick French, Alexander County manager, Daryl Robinson, Foothills Board Chair, Tom Lundy, Catawba County manager 4/15 – County manager meeting with Blue Ridge Area Program 4/17 – Meeting with John Alexander – Foothills Area Program Director 5/15 – Meeting with David Swann, Crossroads Area Director, and Joel Mashburn, Iredell County Manager, Tom Lundy, Catawba County Manager 7/2 – Meeting with John Alexander – Foothills Area Director 10/3 – Meeting with David Swann, Crossroads Area Director Additional meetings held</p> <p>Conducted provider and community forums to address planning needs, surveyed area providers and compiled results regarding current services provided and interest in future community service roles. All communication and planning prioritizes the need to assure no reduction in service availability.</p> <p>Meetings held with local government officials to address planning needs. Political concerns based upon different philosophies and investment as evidenced by county funding disparities.</p>		
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<p>Multiple meetings with Tom Lundy, Catawba County Manager 3/19 & 9/4 – Meeting with Mick Berry Assistant County Manager 9/24 0 Meeting with Tom Lundy and Mick Berry and representative from steering committee 10/16 – Meeting with Mick Berry Assistant County Manager Additional meetings held</p> <p>Area Board approved a resolution to move implementation from Phase II to Phase III due to continued lack of pertinent information from the state around funding, service delivery, LME functions, etc. This lack of information was determined vital to have in on-going planning efforts including consolidation efforts. (Attachment B)</p> <p>A full review of all services provided directly and indirectly was conducted to determine the following: target population utilization rate, financial stability, community relations and impact, potential providers, current contracting arrangements, special considerations that may affect consolidation efforts based on those results.</p> <p>Informal and formal meetings and network opportunities are regularly utilized to discuss MH reform goals and the interplay with realistic consolidation impacts.</p> <p>Agency continually requested clarification on the stringency of LME qualifications regarding population and county structure so that we can accurately project next steps in consolidation efforts or merger negotiation. See attached MHSCC position statement regarding consolidation plan. (Attachment E)</p>		
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Reviewers Comments:

Attachment A – Letter of Intent
Attachment B – Board Resolution
Attachment D – Map of Catawba County
Attachment E – Position Statement



Position Statement on demographic configuration of proposed LME

The current proposal for Catawba County envisions this LME covering only this county of 149,750 people. That conclusion comes from having had discussions with the most obvious area programs where there might be some geographic logic to merge. At this point in time, all parties do not see any advantage to merging. Crossroads and Foothills area programs are independently pursuing LME status. There is a sizable variance in direct financial and indirect support participation between all of the counties in question, and Catawba County's contributions have the potential to be diluted because of the lesser levels of participation from neighbors. These factors are reinforced by the fact that the current configuration of counties into area programs already ignores some of the natural geopolitical and economic patterns that take place across county lines.

The ideal configuration would cross into two existing area programs and create a completely different arrangement of counties that would more accurately reflect current and future geopolitical interplays. Those counties would be Iredell, Catawba, Alexander, Caldwell and Burke. Those area programs representing these counties intend to develop their own LMEs and they satisfy the 200,000 population.

Given a lack of information on funding strategies for LMEs, and an absence of a clear vision at the State level as of February 3, 2003, about what and how LMEs are to do, the most prudent position at this point is to function as an independent LME until external factors are more clear. Pursuit of any potential merger would also require strong leadership in both area programs to accomplish such. Presently, the Foothills Area Board is recruiting an Area Director, and until that person is found and settled in, a serious set of merger discussions might be difficult. It is expected that there will be future discussions of consolidations, once all factors are known.

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov
Submission Date	04/01/03

Item: II. Governance, Management and Administration 3

Goal: The local business plan outlines an administrative and organizational structure adequate to meet the needs of the community that is being served by the LME.

Effective Date: 04/04

Steps Taken	Steps Planned	Barriers
<p>An organizational chart is attached identifying the functional areas and assigned full time equivalents. This chart encompasses modifications to staffing patterns as LME functions evolve and become more primary. (Attachment F)</p> <p>Curriculum vitae of the Executive Director of the LME is attached and demonstrates that he meets all required qualifications as set forth in NC General Statute 122C. (Attachment G)</p>	<p>Curriculum vitae will be supplied once managers of functional specialties are assigned.</p>	

Reviewers Comments:

Attachment F – Draft LME Organizational Chart
Attachment G – Curriculum vitae of Executive Director of the LME

D R A F T

Area Board

Director

CUSTOMER RELATIONS				HUMAN RESOURCES				PLANNING & DEVELOPMENT			
[CFAC, Client Rights, Guardianship, Advocacy]				[Personnel, Risk mgmt, Reception]				[Needs Assessment, Resource Dev, Planning, Collaboration]			
CURRENT	LME I	LME II	LME III	CURRENT	LME I	LME II	LME III	CURRENT	LME I	LME II	LME III
STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07	STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07	STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07
0	0	1	1	4	4	2	2	1	1	1	1

FINANCIAL SERVICES				ADMINISTRATIVE SERVICES				CORE CLINICAL SERVICES			
CURRENT	LME I	LME II	LME III	CURRENT	LME I	LME II	LME III	CURRENT	LME I	LME II	LME III
STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07	STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07	STRUCTURE	July'04-June'05	July'05-June'06	July'06-June'07
1	1	1	1	1	1	1	1	1	1		
Fiscal Mgmt [auditing, internal controls, budgeting, resource mgmt]	Fiscal Mgmt [auditing, internal controls, budgeting, resource mgmt]	Fiscal Mgmt [auditing, internal controls, budgeting, resource mgmt]	Fiscal Mgmt [auditing, internal controls, budgeting, resource mgmt]	Service mgmt [UM coordin- ation, QPN, QA/QI & & MIS]	Service mgmt [UM co- ordination, QPN, QA/ QI & MIS]	Service mgmt [UM co- ordination, QPN, QA/ QI & MIS]	Service mgmt [UM co- ordination, QPN, QA/ QI & MIS]	Cons,Ed,Prev 1 EAP	EAP [Consultatn, Educ, Prev]		
9	9	9	9	2	3	4	4	9	9	9	9
CSP Cs Mgmt	CSP Cs Mgmt	CSP Cs Mgmt	CSP Cs Mgmt	Utilization Mgmt [authorization service coordina- tion, clinical care mgmt]	Utilization Mgmt [authorization service coordina- tion, clinical care mgmt]	Utilization Mgmt [authorization service coordina- tion, clinical care mgmt]	Utilization Mgmt [authorization service coordina- tion, clinical care mgmt]	CSP Cs Mgmt	CSP Cs Mgmt	CSP Cs Mgmt	CSP Cs Mgmt
1.5	1	1	1	5	5	4	4	9	9	9	9
Accounting [AP, Purchasing, Facility mgmt, Budget]	Accounting [LME AP, Purchasing, Facility mgmt, LME Budget]	Accounting [LME AP, Purchasing, Facility mgmt, LME Budget]	Accounting [LME AP, Purchasing, Facility mgmt, LME Budget]	QA/QI & HIPAA [medical records, policy & procedure mgmt, standards compliance & monitoring]	QA/QI & HIPAA [medical records, policy & procedure mgmt, standards compliance & monitoring, provider report carding]	QA/QI & HIPAA [medical records, policy & procedure mgmt, standards compliance & monitoring, provider report carding]	QA/QI & HIPAA [medical records, policy & procedure mgmt, standards compliance & monitoring, provider report carding]	F&C Cs Mgmt	F&C Cs Mgmt	F&C Cs Mgmt	F&C Cs Mgmt
6	4	5	5	5	5	4	4	16	14	14	14
Reimbursemt & Front Desk	Reimbursemt & Front Desk	Reimbursemt [IPRS, A/R]	Reimbursemt [IPRS, A/R]	5	5	4	4	DD Cs Mgmt	DD Cs Mgmt	DD Cs Mgmt	DD Cs Mgmt
2	4			5	5	4	4	8			
IPRS	IPRS			5	5	4	4	ECIS			
				5	5	4	4	31.7	31.7		
				5	5	4	4	CSAS OP	CSAS OP		
				5	5	4	4	10	10	10	
				5	5	4	4	CSP	CSP	CSP	
				5	5	4	4	1	1		
				5	5	4	4	SAIP	SAIP		
				5	5	4	4	6	6	6	
				5	5	4	4	ACT Team	ACT Team	ACT Team	
				5	5	4	4	23	23	23	
				5	5	4	4	Residential	Residential	Residential	

FINANCIAL SERVICES			
CURRENT STRUCTURE	LME I July'04-June'05	LME II July'05-June'06	LME III July'06-June'07
2.5 Contract Mgmt [Contract Development Budgeting, Payment, Authorization, Monitoring, Billing]	3 Contract Reimbursemt. [Contract Attachmts, Budgeting, Payment, Authorization, Monitoring, Claims Adjudication]	3 Contract Reimbursemt. [Contract Attachmts, Budgeting, Payment, Authorization, Monitoring, Claims Adjudication]	3 Contract Reimbursemt. [Contract Attachmts, Budgeting, Payment, Authorization, Monitoring, Claims Adjudication]
13	13	10	10

ADMINISTRATIVE SERVICES			
CURRENT STRUCTURE	LME I July'04-June'05	LME II July'05-June'06	LME III July'06-June'07
4.5 QPN [Provider Re- cruitment, Contract Dev, Provider Relations, Training] 3 MIS [Programming, Report Generation, Data Analysis]	4.5 QPN [Provider Re- cruitment, Contract Dev, Provider Relations, Training] 2.5 MIS [Programming, Report Generation, Data Analysis]	4.5 QPN [Provider Re- cruitment, Contract Dev, Provider Relations, Training] 2.5 MIS [Programming, Report Generation, Data Analysis]	4.5 QPN [Provider Re- cruitment, Contract Dev, Provider Relations, Training] 2.5 MIS [Programming, Report Generation, Data Analysis]
15.5	16	16	16

CORE CLINICAL SERVICES			
CURRENT STRUCTURE	LME I July'04-June'05	LME II July'05-June'06	LME III July'06-June'07
10.5 Connections 16 Life Skills 5.5 ACT Program 8 Smart Start 2 Assessment 6 Emergency Services/ Access [Screening, Triage, Referral] 2 Psychological Evaluations 4 Psychiatric Services	10.5 Connections 16 Life Skills 5.5 ACT Program 8 Smart Start 5 Emergency Services/ Access [Screening, Triage, Referral] 4 Psychiatric	10.5 Connections 16 Life Skills 5.5 ACT Program 5 Emergency Services/ Access [Screening, Triage, Referral] 4 Psychiatric	5.5 ACT Program 5 Emergency Services/ Access [Screening, Triage, Referral] 4 Psychiatric
169.7	153.7	112	46.5

VITA

JOHN M. HARDY
408 5th Street NE
Conover, North Carolina 28613
1-828-464-9229

CAREER OBJECTIVE

To provide leadership for the effective delivery of community mental health services.

SUMMARY OF QUALIFICATIONS

Extensive leadership, supervisory, and program management experience through several different fields of work. Demonstrated administrative and clinical skills in mental health and alcoholism programs. Proven ability as energetic, resourceful, competent, and innovative manager and clinician. Experience in fiscal management, program planning and review, community collaboration, staff development, systems analysis, and providing direct services.

EDUCATION

B.A. in Sociology, 1970, from Rutgers University, New Brunswick, New Jersey.
M.S.W., 1973, from Virginia Commonwealth University, Richmond, Virginia.
Academy of Certified Social Workers, May 1977.

WORK EXPERIENCE

- 1981 - Present Area Director for Mental Health Services of Catawba County a public agency providing services to people with challenges related to mental illness, developmental disabilities, and substance abuse. Responsible for the delivery of comprehensive services with a budget of \$15.6 million in FY 2003 to a community of 144,000 people. Answers to a community board of directors, plans short and long budgets, oversees a management structure which conducts daily operations and supervises professional staff. Various leadership roles in statewide activities relating to managed care.
- 1979 - 1981 Director - Alcohol and Drug Programs for the Fairfax-Falls Church Community Services Board in Fairfax, VA. Responsible for: the planning, collaboration, evaluation, and management of a collection of community based alcohol and drug programs totaling \$2.5 million and a population of 590,000; carrying out the liaison function with relevant local, state, and federal agencies. Chairman of statewide association of Community Alcohol and Drug Program Directors.
- 1978 - 1979 Regional Mental Health Consultant for the Department of Mental Health & Developmental Disabilities, State of Virginia. Provided consultation, monitoring, and coordination to local services boards and mental health centers in respect to all phases of mental health programming and operation.
- 1978 Fall Adjunct Faculty Member for School of Social Work, Virginia Commonwealth University, Richmond, VA. Taught a graduate course in Social Group Work.
- 1977 Fall Extension Faculty Member for School of Social Work, Virginia Commonwealth University, Richmond, VA in Roanoke. Taught a graduate course in Social Policy.
- 1975 - 1978 Project Director for a residential alcoholism treatment center known as Multi-Lodge,

sponsored through Mental Health Services of the Roanoke Valley and NIAAA funded. Designed, developed, and operated this program which consisted of an intermediate care and aftercare components.

- 1974 - 1975 Director of Group Homes for Mental Health Services of the Roanoke Valley. Administrator, direct service consultant and group worker for one psychiatric halfway house, and two foster group homes. Responsible for: grant design and grant management; fiscal control; supervision of direct service staff; liaison with funding sources; and development of community support.
- 1973 - 1974 Group Work Specialist for the Community Mental Health Center portion of Mental Health Services of the Roanoke Valley. Provided group work services and consultation to both individuals and programs in the broader community. Led long-term counseling groups, did individual counseling, and conducted program design and grant management for various special projects.
- 1970 - 1971 Production Supervisor for Johnson and Johnson, New Brunswick, NJ. Gained experience in industrial supervision, staff coordination, production planning, cost accounting, and labor relations.
- 1966 - 1969 Military Service - Served in U.S. Army as First Lieutenant, attended Infantry Officer Candidate School, Ranger School, Airborne and Jungle Operations courses. Major duty assignments were instructor and combat platoon leader in Vietnam.

PERSONAL
DATA

Married, three children, and in excellent health. Interests including coaching youth sports, gardening, and out-door activities.

REFERENCES

References will be furnished upon request.

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov
Submission Date	04//01/03

Item: II. Governance, Management and Administration 4

Goal: The local business plan complies with the State Plan requirements regarding administrative and management policy and procedures.

Effective Date: 10/03

Steps Taken	Steps Planned	Barriers
<p>A draft policy has been approved by the Mental Health Services of Catawba County Quality Management Team ensuring opportunities for stakeholder and community input. (Attachment H)</p> <p>A statement is attached attesting that stakeholder involvement represents the scope and diversity of the community. (Attachment H)</p> <p>The names of key local individual advocates and advocacy groups providing stakeholder input are available upon request.</p>	<p>Policy to be reviewed and approved by Area Board.</p>	<p>Lack of national advocacy groups in Catawba County, however local advocacy groups are being developed.</p>

DRAFT

Mental Health Services of Catawba County

POLICIES AND PROCEDURES

ACTIVITY: LOCAL MANAGEMENT ENTITY (LME)

Number:

SUBJECT: STAKEHOLDER AND COMMUNITY INPUT
IN POLICY AND OPERATIONS

Effective Date:

Amended Effective:

Approved:

QMT Approved: 02/14/03

POLICY:

It shall be the policy of Mental Health Services of Catawba County (MHSCC) to ensure opportunities for stakeholder and community input. Such involvement shall reasonably represent the scope and diversity of the community. The input will be considered in conjunction with other pertinent information for the improvement of policy and operations, including formulation and implementation.

PROCEDURE:

MHSCC will implement a procedure for consumer and stakeholder involvement opportunities through multiple formats, formal and informal.

Input will be documented in meeting minutes or verbally forwarded to the appropriate decision making panels of the LME.